



2025 SUMMER REGISTRATION FORM

2nd thru 12th grade

Memorial Dance Center

9392 Gaylord Drive Houston, TX 77024

info@memorialdance.com

713-468-5700

Today's Date: _____ Student # (office use only) _____

Last Name: _____ First Name: _____

Birthdate: _____ Grade (as of Aug): _____ Age: _____ Home Phone: _____

Address: _____ Zip: _____

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Email address: _____

2nd Grade & Older

1:00pm-4:00pm

Tap, Ballet, Jazz, Contemporary, Lyrical, Musical Theater, Conditioning, Leaps & Turns, and more!

Check Intensive(s)

- June 2-6
- June 9-13
- June 16-20
- June 23-27
- July 21-25
- July 28-August 1
- August 4-8

6th Grade & Older

9:00am - 12:00pm | Ballet Intensive | June 2-6

Each Camp/Intensive is \$250 each.

If your class is canceled, you will receive a refund. Otherwise, fees are non-refundable.

For office use only:

Cash \$ _____ Receipt # _____ Check \$ _____ Check # _____ Check Name: _____

Credit Card Type: _____ Amount \$ _____ Receipt # _____ Initial: _____



2025 SUMMER ENROLLMENT AGREEMENT

INTENSIVES

All dancers should wear their hair neatly and securely out of their face. Ponytails are recommended. Any leotard, tights or any other dance clothing that clings to the body is acceptable. All shorts must hug the leg. Hard soled, lace-up tap shoes should be worn for the tap classes. Jazz and/or ballet shoes are acceptable for the other classes. Dancers should bring a water bottle every day.

AUTHORIZATION OF EMERGENCY MEDICAL CARE

I hereby authorize the staff and director, representing Memorial Dance Center, to give consent for any and all necessary emergency medical care for my child, _____, while said child is in the custody of Memorial Dance Center personnel. I also hold Memorial Dance Center or any other Memorial Dance Center personnel harmless in such an event.

Please include any pertinent medical conditions (physical, mental and/or emotional), as well as any learning differences, in the field below:

PHOTO RELEASE

I, (parent's name, please print) _____, give Memorial Dance Center the absolute right and permission to use my child's photograph(s) in its promotional materials and publicity efforts. I understand that the photograph(s) may be used in a publication, print ad, direct-mail piece, electronic media (e.g. video, Internet, Social Media), or other form of promotion. I release Memorial Dance Center, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use. Additionally, I will make no monetary or other claim against Memorial Dance Center for the use of the photograph(s)/video.

I, the undersigned parent or legal guardian of the below listed student, understand that my signature on this document constitutes acceptance of the conditions of my child's enrollment at Memorial Dance Center. I understand a Summer Intensive Guide containing additional details will be sent to the email(s) provided on the Registration Form.

Student Name: _____

Signature of Parent or Legal Guardian

Date

Name of Parent or Legal Guardian

MEMORIAL DANCE CENTER
Credit Card Authorization Form

Student Name: _____ Family Number: _____

CARDHOLDER INFORMATION

Name: _____

Billing Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Applies to any and all dance related charges to your account for the 2025-2026 dance year.

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa Discover Card

Type: Debit Credit

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

I, the above-named authorized cardholder, give Memorial Dance Center and its representatives express authorization to charge my credit card for the Authorized Charges indicated above. I understand that this form constitutes a legally binding contract and that by affixing my signature to this form, I will be held responsible for all Authorized Charges as well as any and all collection and legal fees. By signing this Credit Card Authorization form, I acknowledge receipt and understanding of its contents.

Cardholder Signature X _____ Date __/__/__